

Save the Children

**PULANG KAMPUNG
The Coming Home Program**

Bi - Annual Report
July - December 2001

Submitted to:
Office of Health, Population and Nutrition
The United States Agency For International Development
(USAID) – Indonesia

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I. Acronyms and Abbreviations

GOI	Government of Indonesia
MOH	Ministry of Health
DOH	Department of Health - Aceh
SEKNEG	Sekretariat Negara
BKSN	Badan Kesejahteraan Sosial Nasional
M&E	Monitoring and Evaluation
AP	Action Plan (Program planning document for GOI approval of program)
(L)NGO	(local) non-governmental organization
PD	Program Director
PM	Program Manager
SC	Save the Children.
SOAG	Strategic Objective Grant Agreement
SOW	Scope Of Work
USAID	United States Agency for International Development
PMI	Palang Merah Indonesia (Indonesian Red Cross)
ICRC	International Committee of the Red Cross
GAM	Gerakan Aceh Merdeka (Acehnese Freedom Movement)
PBI	Peace Brigades International

II Executive Summary

The security situation in Aceh was relatively stable but un-predictable. International NGOs were able to undertake carefully planned, occasional field trips. Majority of incidents happened in remote areas. Only few ones have been reported within Banda Aceh boundaries. Following the security assessment, SC shifted interest from the original impact areas (Tangse in Pidie district, Lam Teuba - Aceh Besar) The organization focused on Banda Aceh developing idea of 'initial' impact areas. SC intention was to reduce security threats to national staff and at the same time assure that starting phase ('incubator idea') is in process.

SC staff in collaboration with all stakeholders has negotiated, revised and planned new strategies as the impact areas and contexts for operational activities changed.

After receiving the long-term visas for international staff, SC will be able to expand the work within Aceh province. SC anticipates that implementation will move forward during the next 6-month period, particularly in the areas related to health and psychosocial programming.

III Background

The Coming Home program falls under the Child Health and Nutrition component of the Strategic Objective Grant Agreement (SOAG) between USAID/Indonesia and the Government of Indonesia, *Protecting the Health of the Most Vulnerable Women and Children*. Save the Children Federation, Inc. (SC) manages the Program, which will cover activities in Aceh between 2000-2003.

The Program aims to improve the well being of Acehnese children, women and their families. This long-term community development program seeks to re-vitalize, strengthen and mobilize local responses to meet the health, psychosocial, and welfare needs of Acehnese children and their families. The Program has four results areas:

Result 1: Community based preventative health care systems revitalized

Result 2: Psychosocial needs of children and their families addressed

Result 3: Special needs of at risk women addressed

Result 4: Youth participation in their own development and the development of their communities enhanced

The Coming Home Program is a three-year program intervention in Aceh, which was approved by USAID in June 2000. The Aceh province in Northern Sumatra has experienced internal conflict since the 1970s. In recent years, an increasing number of people have been forced to leave their homes as a result of the ongoing conflict. It is envisioned that the program will operate initially, in the first year, in 35 villages targeting 35,000 people. By the end of the project, the goal is to reach 120,000 people in 115 villages.

The program is designed to assist target communities to maintain their well-being and health, both physical and mental. Through a strong partnership with the Department of Health the program seeks to re-vitalize the community health outreach system, through the re-training of *kaders* and the re-establishment of *Posyandu* activities. The establishment of a *Peer Kader* system will achieve greater community participation in health and welfare issues, thus supporting the roles of Government Health Staff and traditional Community Health Kaders.

The program focuses strongly on the psychosocial wellbeing and development of children, youth and their families and will support training needs, research initiatives and community-based responses that address the long-term psychosocial needs of traumatized children, youth and their

families. Provincial capacity to implement psychosocial activities will be improved through extensive training and practical technical assistance for Government, NGO and community partners.

Child and youth development and participation will be supported through community and NGOs activities that build life skills, improve self-esteem and raise educational levels. In cooperation with the Government Departments and local NGO's, the project also seeks to assist vulnerable women through income generating activities and community support networks.

Through this project, SC will participate actively at both the community level and the provincial level to influence planning, policy and awareness on key health and welfare issues. Provincial working groups on health, psychosocial and women's issues will be established and SC staff will support the development of strong community mobilization and psychosocial programming skills with all implementing national partners.

SC will provide the technical assistance and financial support to organizations that will implement some of the program's activities. These include non-governmental organizations and local community development committees that will coordinate with provincial, district and sub-district representatives of the Department of Health and Social Welfare, the National Family Planning Coordinating Board, and the Department of Education.

IV. Operating Environment

National Context

Second part of the 2001 year brought problems related to 'The war against terrorism' and possible retaliation actions against USA partnering organizations. There were two evacuations of employees and their families. Those who decided to continue work lived for few months under the pressure of increased security risk. Fortunately GOI handled the situation well and period ended without serious incidents. Common temporary re-locations of the SC staff made their work more difficult but long-distance managing of the program has been maintained for all time.

Aceh Context

The security situation in Aceh has remained unpredictable with reported clashes between Aceh Independence Movement (GAM) and Indonesian Army (TNI). Majority of incidents happened in remote Aceh areas. People have been still experiencing difficulties in accessing the market. Transportation has been disrupted between Medan, Central Aceh and Banda Aceh. Prices remain 2-3 times higher in Aceh compared to North Sumatra and essential items such as fuel are rationed. Electricity, telephone and postal services have been often disrupted.

Within the current situation, the safety of humanitarian workers (especially national staff) has been the serious concern. Following the security assessment, SC has decided to focus activities in four selected, 'initial' impact areas around Banda Aceh. The locations should serve as 'incubators' to develop models that could be later multiplied in different parts of the province. This decision has significantly reduced hazards that SC staff has been facing in last few months.

SC believes that program suspension will only be imposed if Aceh will experience large-scale violence. To prevent the possibility of security threats, SC is enforcing strict security guidelines. SC has developed strong relationships with all stakeholders.

Humanitarian assistance context

ICRC has worked from the office in Banda Aceh implementing protection activities for IDPs. The organization has increased capacity building activities with PMI.

Oxfam-GB has continued with monitoring mission (mainly food protection). Peace Brigades International (PBI) has a strong human rights mandate and provide international protection services to local human rights activists. All INGOs have experienced difficulties due to restricted movement outside of Banda Aceh. However, situation has improved at the end of year 2001. Local NGOs capacity to cope with humanitarian issues remained doubtful. Safety concerns were commonly given as a reason. Incidents that occurred during first half of the year paralyzed communities and left vulnerable groups without assistance. Even PMI who traditionally had the best access to communities experienced operation restrictions.

Since start of the decentralization process, government offices have not been able deliver good quality, core activities. While the process may appear chaotic, in long run it should provide improved services. Benefits of decentralization in Aceh are becoming apparent, as departments appear energized with sense of ownership and creativity. SC team has been discussing the best way the program could assist in the process.

V. Program Mobilization and Socialization

National staff has maintained good relationships with health department and other stakeholders. It reflects strong commitment of the team to the program values. The organization has received many signs of support from local communities and authorities.

VI. Accomplishments by result areas

Due to the lack of international presence in SC Banda Aceh office, only a few accomplishments have been made in the four result areas. SC Program Director and Manager, both temporarily based in Jakarta, have been able to re-establish contact with staff in Aceh. Program activities have been supervised from Jakarta. Two staff meetings/ orientation workshops including planning sessions and developing security guidelines took place in Medan, half way between Jakarta and Banda Aceh. Though, the continued separation of the "Coming Home" team made management and communication difficult, SC has managed to prepare the implementation phase.

Result 1: Community based preventative health care system re-vitalized

- Consultation with DoH counterparts occurred routinely during second half of the year
Topics discussed included:
 - ⇒ **Assessments and assessment formulation:** As the situation continued to change staff was required to collect information and provide feedback into the planning process conducted in Jakarta. Staff organized assessments to identify new impact areas, to collect information on the basic community health status
 - ⇒ **Training and staff development:** Staff was involved in ongoing internal training that developed their knowledge of community health issues. The SC team spent time researching approaches and methodologies that can be utilized in the future. Training, community health and community mobilization skills were prioritized.
 - ⇒ **Material and resource compilation:** Computation of health IEC material and national guidelines used by MOH, DoH and other NGOs. Discussions how these could be adapted and used during program implementation.
 - ⇒ **Kader training curriculum review:** Health staff began to review the Kader training curriculums.
 - ⇒ **Viability investigation for pilot activities** such as a peer kader system, Hearth technique and early start programs. As the situation continued to change, staff was required to collect information and contribute the data into the planning process. Staff tried to provide feedback on the viability of proposed activities and plans.

- In July, staff in Aceh finalized the process of identifying ‘initial impact areas’ around Banda Aceh area. Selection took place based on criteria developed using national health / welfare indicators, community dynamics and neutrality.
- Health Problems outside of Posyandu activities identified
- During activities planning staff took into consideration results of workshops organized in June 2001 (DOH Program Review and DOH Program Orientation)
- In July 2002 DOH and SC agreed on main objectives of the program
- “Initial impact’ areas have been approved in September 2002 (Pulo Aceh, Meuraxa, Darussalam, Baitussalam)
- Assessment within initial impact areas was completed
- Baseline data collected about Posyandu system - completed
- In October and November 2001, two trainings for community leaders, local NGOs and health center staff completed. Fifty-four participants from ‘initial’ impact areas trained in community mobilization using participatory methods.
- November 2001, Mother & Child (Posyandu) implementation strategy developed in collaboration with DOH.
- December 2001, DOH & SC completed recruitment of kaders for Posyandu activities in impact areas.
- Curriculum and participatory methods of training for Posyandu kaders reviewed and developed together with DOH doctors facilitating the training.

Result 2: Psychosocial needs of children and their families addressed

- Collection of secondary data (ongoing): including collection of case studies, newspaper articles, and research findings.
- Staff has been working on assessment tool that can be used in Aceh. It is envisioned that this tool will:
 1. Provide a means of conducting a rapid psychosocial assessment in IDP camps and after episodes of mass violence both in Aceh and other parts of Indonesia. Outcome anticipated is to develop initiatives that meet the psychosocial needs of Communities. An assessment done in Madura provided an opportunity to test the practical application of using this tool, which will be feedback into the process of development.
 2. Provide a means of measuring longitudinally psychosocial status and the needs of children and youth living in Aceh, who are experiencing the effects of long-term conflict. This research will follow the life of the program with a process outcome of providing input into program planning and direction.
 3. The tool will be tested in other parts of Indonesia, that are experiencing different forms of conflict, displacement and psychological distress to provide input on the most appropriate interventions for different types of conflict and natural disasters country wide.
- The contract with YAB (local NGO) signed in December 2002. Mapping exercise with regards to street and labor children in progress. Results, including proposed activities are expected in mid March.
- Three-days “Proposal writing and financial grant regulations” workshop for local NGO organized in December 2002. Thirty-eight participants represented 14 local NGOs. As a result of the workshop SC expect to receive received draft of proposals for sub-grant activities. Evaluation of proposals will follow.

Result 3: Special needs of at risk women addressed (*women who as a result of conflict are traumatized, sexually abused, have become single heads of households or are subject to domestic violence.*)

- Relationships previously established with other stakeholders were maintained.

- The Women's Support Program Officer prepared the assessment and worked on networking with women's programs and organizations.

Result 4: Youth participation in their own development and that of their communities enhanced

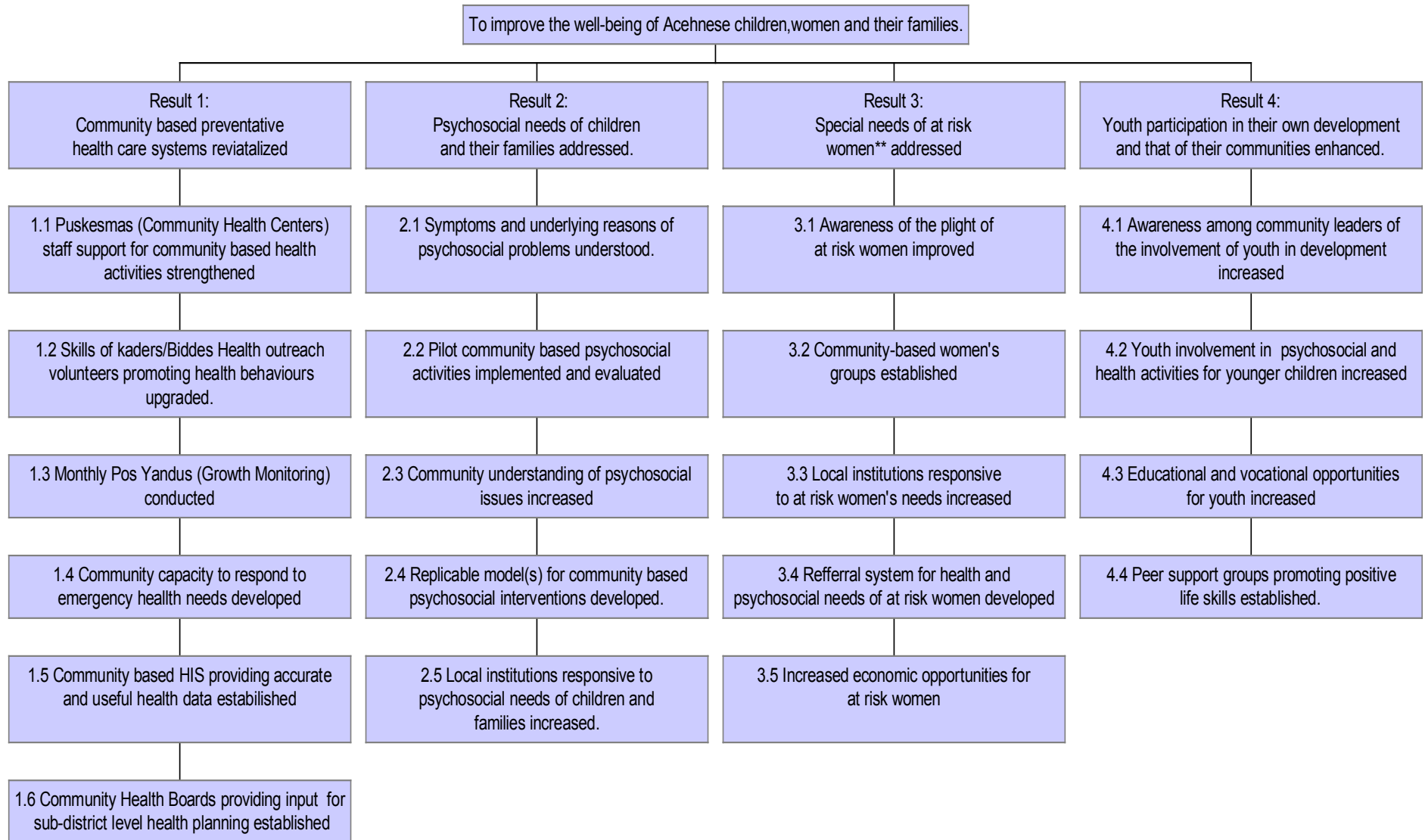
- Monitoring of on going youth activities and initiatives in Aceh, youth involvement in conflict and monitoring of the needs of street children.

VII. Issues and Challenges in Achieving Results

Aside from the rapidly changing security context and the ever-present fear of fights out-break, Save the Children encountered following challenges in achieving program results:

- The neutrality of health cadres is still a controversy in some areas and for some groups. As discussed in earlier program updates and reports, opponents of the local authorities target health workers just to undermine the government system and not really because of concerns regarding the neutrality of the health system. Consequently, some physicians and health workers have opted to work only as 'private' practitioners. Those work or live in environments where they fear any connection to government health posts that could put them in danger. This situation enforces SC program objective and approach to strengthen the community based health service where trust would be re-built and strengthened between health posts, health workers and the community at large.
- SC approach works both on the community level while maintaining at the same time good relationship with MOH and DOH. These bodies remain main policy makers and serious providers for professional skills and expertise for health and social welfare services. This 'back door' strategy will call also for sensitive negotiations with 'opposition', police, military and security forces. It is the only way to reach beneficiaries and create the room for relatively safe environment for people implementing the project. Experience shows that such negotiations might take place only on 'inter-personal' level, 'face to face' situation. Certain level of trust from all involved powers must be obtained.
- This trust building process is the only way to reach beneficiaries and create room for relatively safe environment for people implementing the project. Trust must be gained with all actors, decision makers and power centers. Therefore, the presence of international staff in Aceh would help in maintaining a neutral image for both SC staff and the program. In order to maintain a neutral position relationships with other parties and perceptions towards SC must be closely monitored. For this reason SC has developed a Community Liaison position. This staff member will play a critical role in relations between SC and authorities, communities and NGOs.
- Building partnerships with local communities would create increased opportunities to negotiate safe passage corridors and procedures. As the partnership between SC, communities and DOH staff develops, SC would strengthen its credibility to get actively involved in advocating for the safety of health workers. Any achievement at this area should be secured through community support networks.
- The DoH in Aceh is currently trying to implement decentralization. SC has a significant support role to offer DoH in this process. Program activities should accommodate and support changes in organizational structure.

Strategic Framework “Coming Home Program”



VIII. Other Areas Supporting the Program

Training and Staff Development

- All staff have developed with their supervisor an individual professional development plan This plan builds on the training done in Medan and is reviewed monthly by the program manager. Team members are encouraged to practice community consultation techniques such as focus group discussions and assessment formats with each other and with neighbours. Resources were sent to Aceh and systematically translated to provide staff with the reading material they required to support professional development requirements.

Program Management and technical assistance

- September 2002, Dr Tom Starega, new Program Director arrived in Jakarta. Process of obtaining the work visa completed in December 2001.
- After lengthy process (four months), SEKNeg has issued 'working' visas for SC international staff in Aceh.
- Marc Nosbach, Program Manager (PM) and PD will commence their duty in Aceh starting January 2002.
- Marc Nosbach has been offered a TDY with SC program elsewhere during the period of waiting for visa approvals.

IX. Future plans

In the next 6-months, the program will:

- Try to expand program to new impact areas beyond the 'initial' ones
- Review an action plan with program partners (DoH, LINGOs)
 - Finalize areas and activities for intervention and prioritization given the change in impact areas.
 - Partnership development between SC, DoH, and stakeholders
 - Development of a plan of action and detailed implementation plan and timetable.
- Re-activate suspended psychosocial working group and re-assess opportunities for research collaboration and activity implementation.
- Assess the need to establish two working groups (health and women's issues) with relevant Government departments, NGOs and University Departments
- Start capacity building activities with the Department of Health:
 - Consultation and work towards effective public health campaigns both through media sources and community initiatives; Immunization and Vitamin A (on-going activity)
 - Consultation and development of a psychosocial plan of action with the DoH that addresses their institutional needs in psychosocial programming and delivery.

- Start and continue Posyandu Kaders Training in 'initial' impact areas. This will be an ongoing activity through the life of the program
- Monitor re-establishment of Posyandu activities. Support for newly trained kaders with focus on Immunization, Growth Monitoring - Nutrition, Psychosocial elements, MCH and health education.
- Support for Puskesmas staff
- Start base-line data collection in expanded impact areas and develop a monitoring and evaluation system
- Host the visits of Ho staff and consultants: Rudy Von Bernuth, Kristine Knudsen, Neil Boothby, Paulette Coburn and Donna Sillan as identified by end of reporting period.

Conclusions

During reporting period (6 months) SC still experienced many difficulties and obstacles of the institutional and security nature. Fortunately at the end of the year, Save the Children overcame significant obstacles to ensure continuity of the project. Positive changes put new light and created environment for fast program implementation. Further progress and results are expected in first months of the next year 2002.

**SAVE THE CHILDREN/INDONESIA FIELD OFFICE
COMING HOME PROGRAM ACEH**

